

Medical Release/Consent Form



The safety and well-being of your pet is our Number One priority. It is a responsibility we take very seriously.

We do our best to have our Pet Parents screen for pre-existing health conditions, but some factors may be beyond our control.

In the event your pet becomes ill or injured while in our care, our staff will initiate appropriate action until you or your agent (Emergency Contact) can be reached. You (the Pet Parent/Guardian) give consent and authority to Brevard Bed & Biscuit and Agents to provide or obtain medical treatment for your pet. Only essential medical treatment will be administered. Brevard Bed & Biscuit and all Agents assume no liability for any injury or illness to your pet. In case of such, I hereby authorize the Bed & Biscuit to spend up to \$_____ and/or agree to leave my credit card on file, for any immediate Emergency or Medical attention, before calling to authorize anything above the amount listed. In case of any Emergency Evacuation, I also give consent to have my pet transported to a safe facility if you cannot be reached.

If you do not wish to leave a Credit Card on file, we will still require a signature stating agreeing that all incurring fees for your pet's stay will be paid in full before picking up. If payment cannot be fulfilled, we reserve the right to hold your pet until payment is processed.

Credit Card - _____ CC Zip - _____ CC Exp. - _____

CCV - _____

Signed: _____

Date this _____ day of _____, 20 ____

Printed Name: _____

Pet's Name: _____